

ARTS-PB-Secretary of State 501(c)(3) Articles of Incorporation of a Nonprofit Public Benefit Corporation

IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$30.00

ARTS-PB-501(c)(3) (REV 04/2018)

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: A separate California Franchise Tax Board application is required to obtain

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FILED NH Secretary of State State of California

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2018 California Secretary of State www.sos.ca.gov/business/be

| tax exempt status. For more information, go to https://www.fib.ca.gov. | | | | | y |
|---|---|--|--|--|--|
| 1. Corporate Name (Go to www.sos ca.gov/business/be/name-availabi | ility for general co | porate name requirements | and restri | ctions.) | |
| The name of the corporation is Vaccinate California | | : | | | |
| 2. Business Addresses (Enter the complete business addresses, ite | em 2a cannot be a | P.O.Box or "in care of" an | individual o | or entity.) | |
| a. Initial Street Address of Corporation - Do not enter a P.O. Box 2090 Columbia Street | City (no abbreviations) Palo Alto | | State CA | Zip Code 94306 | |
| b. Initial Mailing Address of Corporation, if different than item 2a | City (no abbreviations) | | State | Zip Code | |
| Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's full | | ia street address. | | | |
| a. California Agent's First Name (if agent is not a corporation) Leah | Jane Last Name Russin | | | Suffix | |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 2090 Columbia Street | City (no abbreviations) Palo Alto | | State CA | Zip Code 94306 | |
| CORPORATION - Complete Item 3c. Only include the name of the regis | tered agent Corpo | ration. | | | |
| c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b | | | | | |
| Item 4a: One or both boxes must be checked. 4. Purpose Statement Item 4b: If "public" purposes is checked in Item 4a, or if you intend to apply for tax-exempt status in California, you must enter the specific purpose in Item 4b.) | | | | | |
| a. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for: public purposes. | | | | | |
| 5. Additional Statements (See Instructions and Filing Tips.) | · · · · · · · · · · · · · · · · · · · | | | | |
| a. This corporation is organized and operated exclusively for the purpose Revenue Code section 501(c)(3). b. No substantial part of the activities of this corporation shall consist of legislation, and this corporation shall not participate or intervene in statements) on behalf of any candidate for public office. c. The property of this corporation is irrevocably dedicated to the purpose of this corporation shall ever inure to the benefit of any director, officed. d. Upon the dissolution or winding up of this corporation, its assets reliabilities of this corporation shall be distributed to a nonprofit fund, it exclusively for charitable, educational and/or religious purposes Revenue Code section 501(c)(3). | of carrying on pr any political can coses in Article cer or member to maining after pa foundation or co and which has | opaganda, or otherwise paign (including the put hereof and no part of the hereof or to the benefit syment, or provision for proporation which is organestablished its tax-exempt | attemptir blishing o the net int of any pri- payment, payment, payment, pt status | ng to inflor distribution or d | uence ution of assets son. ots and |
| 6. Read and Sign Below (This form must be signed by each incorp | orator. See Inst | ructions. Do not include | a title.) | | |

Leah Jane Russin Type or Print Name